

August 18, 2015

Montana Healthcare Programs Notice

**Hospital Inpatient, Hospital Outpatient, Critical Access Hospital,
Federally Qualified Health Center, and Rural Health Clinic**

Effective Immediately

Identification of Ordering and Referring Providers on UB-04 and 837I X12 Transactions

Requirements

The Patient Protection and Affordable Care Act and 42 CFR 455.440 mandates that all State Medicaid Programs require the National Provider Identifier (NPI) of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other health professional.

Montana Medicaid providers are now required to identify ordering or referring physicians or other professionals on claims following the examples below.

Claim Submission UB-04

FL 78 or FL 79: Rendering Provider Qualifier – 82

76 ATTENDING	NPI	QUAL		
LAST	FIRST			
77 OPERATING	NPI	QUAL		
LAST	FIRST			
78 OTHER	82	NPI	1234567891	QUAL
LAST	Jones, MD		FIRST	Brian
79 OTHER		NPI		QUAL
LAST	FIRST			

FL 78 or FL 79: Referring Provider Qualifier – DN

76 ATTENDING	NPI	QUAL		
LAST	FIRST			
77 OPERATING	NPI	QUAL		
LAST	FIRST			
78 OTHER	DN	NPI	1234567891	QUAL
LAST	Jones, MD		FIRST	Brian
79 OTHER		NPI		QUAL
LAST	FIRST			

FL 76: Ordering and Attending Provider Are Synonymous With One Another Qualifier – Not Applicable

76 ATTENDING	NPI	1234567891	QUAL	
LAST		Jones, MD		
FIRST		Brian		
77 OPERATING	NPI		QUAL	
LAST				
FIRST				
78 OTHER	NPI		QUAL	
LAST				
FIRST				
79 OTHER	NPI		QUAL	
LAST				
FIRST				

Claim Submission 837I X12

837I X12 for Rendering Provider Must Include Qualifier82

Loop 2310D: NM1*82*1*JONES*BRIAN****XX*1234567891~

837I X12 for Referring Provider Must Include Qualifier DN

Loop 2310F: NM1*DN*1*JONES*BRIAN****XX*1234567891~

837I X12 Ordering or Attending Provider Qualifier 71

Loop 2310A: NM1*71*1*JONES*BRIAN****XX*1234567891~

Passport and Team Care Number

NOTE: Passport and Team Care Referrals are still required.

FL 7: Passport and Team Care Number

6	STATEMENT COVERS PERIOD FROM	THROUGH	7	9999999

837P X12 for Referring Provider

Loop 2310: REF*9F*9999999~

Contact Information

If you have questions regarding the above requirements, please contact Shaunda Hildebrand, Hospital Services Supervisor, at 406-444-4587 or shildebrand2@mt.gov

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Montana Healthcare Programs Provider Information website at <http://medicaidprovider.mt.gov/>.